

Please Read Instructions Carefully Before Completing this Application.

Applicant: Submit signed application, required forms and check made payable to "DC Treasurer" for all applicable fees to:
Department of Consumer and Regulatory Affairs, P.O. Box 37296, Washington, DC 20013

SECTION A: BUSINESS / APPLICANT INFORMATION

Please check box if Sole Proprietorship ☐

For Office Use

Customer Number

1. Business Owner (If Sole Proprietor, print Business Owner's Name. If Corporation, Limited Liability Company, or Partnership, print official Company Name to be licensed)

- 1a. Federal ID No. Indicate Federal ID No. Type Indicated: ☐ FEIN No. ☐ Social Security No.
- 1b. Trade Name if Applicable (see Instructions)
2. Business Address (If this is a Corporation, LLC or Partnership, please provide address of the company's main headquarters here)
- 2a. Street Address Suite or
 Apartment No.
 City State Zip
- 2b. Tel No. () 2c. e-Mail Address

SECTION A-1: OFFICERS, PARTNERS, MEMBERS

Must be completed by all Corporations, Partnerships, Limited Liability Companies, or Unincorporated Associations

Check box applicable to your business organizational structure: ☐ Partnership ☐ Limited Liability Company ☐ Corporation (For Profit) ☐ Corporation (Non-Profit)

3. President / Partner / Member:

- 3a. Name
 First Name M.I. Last Name
- 3b. Street Address
- 3c. City State Zip
- 3d. Telephone No. () 3e. e-Mail Address

4. Vice President / Partner / Member:

- 4a. Name
 First Name M.I. Last Name
- 4b. Street Address
- 4c. City State Zip
- 4d. Telephone No. () 4e. e-Mail Address

5. Secretary / Treasurer / Member:

- 5a. Name
 First Name M.I. Last Name
- 5b. Street Address
- 5c. City State Zip
- 5d. Telephone No. () 5e. e-Mail Address

SECTION B: INFORMATION ABOUT BUSINESS PREMISE ADDRESS

6. **Premise Address** : Location of business operation to be licensed.

Street Address Suite or Apt No.

City State Zip

6a. Quadrant (check one) ☐ NE ☐ NW ☐ SE ☐ SW 6b. Ward 6c. ANC

6d. Tel No. () 6e. Facsimile No. ()

6f. e-Mail Address

6g. Certificate of Occupancy Number: Date Issued

SECTION C: BILLING ADDRESS (Address where Renewal Notices will be mailed)

7. **Business Name** (if different than on line 1)

.....

7a. Attention (Contact Name)

7b. Street Address (if different than in Section C)

7c. City State Zip

SECTION D: REGISTERED / RESIDENT AGENT

Corporations, Partnerships and Limited Liability Companies must provide Registered Agent Information.

Non-District residents must designate a Resident Agent.

8. Contact Name Title

8a. Business Name

8b. Street Address Suite

8c. City State Zip

8d. Telephone No. () Business e-Mail Address

SECTION E: LICENSE ENDORSEMENTS (Business Activities)

Please list all applicable business activities and NAICS Code. Select from accompanying *Table of Endorsement Business Activities*.

BUSINESS ACTIVITY – LICENSE ENDORSEMENT		Related NAICS Code
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

SECTION F: INFORMATION ABOUT BUSINESS EQUIPMENT, MACHINERY, & FACILITIES

Please provide information about your business pertinent to your Basic Business License as may be applicable in Tables I, II and III below. If more space is required, please attach additional paper.

Table I. AUTOMOTIVE & OTHER EQUIPMENT

Please provide the required information for each vehicle applicable to your business.

EQUIPMENT TYPE	Vehicle Make	Year	Identification No.	License Plate	State	Tare Weight	Capacity
<input type="checkbox"/> Ambulance							
<input type="checkbox"/> Tow Truck							
<input type="checkbox"/> Solid Waste Truck							
<input type="checkbox"/> Driving School							
<input type="checkbox"/> Horses							
<input type="checkbox"/> Carriages							
Additional Vehicles:							

Table II. EATING ESTABLISHMENTS & HOUSING (Permanent & Transient)

Indicate number of units within each establishment type applicable to your business.

TYPE	No. Rooms / Units		Restaurant Seats	Resident Manager Name	Manager Telephone No.
<input type="checkbox"/> Apartments					
<input type="checkbox"/> Boarding / Rooming House					
<input type="checkbox"/> Restaurant					
<input type="checkbox"/> Hotel / Motel					
<input type="checkbox"/> Other					

Table III. OPERATING MACHINERY, EQUIPMENT & FACILITIES, AND PARKING LOTS

Please check all equipment that applies to your business activity and indicate number of units. Each of these is considered a separate endorsement.

EQUIPMENT	No. Units	EQUIPMENT	No. Units
<input type="checkbox"/> Pool (swimming)		<input type="checkbox"/> Slot Weighing Machines	
<input type="checkbox"/> Bowling Alley (lanes)		<input type="checkbox"/> Vending Machines – Cigarettes	
<input type="checkbox"/> Billiard Tables		<input type="checkbox"/> Vending Machines – Food	
<input type="checkbox"/> Amusement (Mechanical) Machines		<input type="checkbox"/> Gasoline Dispensing Hoses	
<input type="checkbox"/> Game Boards / Tables		<input type="checkbox"/> Bulk Fuel Meter Device(s)	
<input type="checkbox"/> Coin Operated Machines – Photograph, lockers, other		<input type="checkbox"/> Bulk Fuel Storage Tank(s) – Underground	
<input type="checkbox"/> Parking Lot (Square Feet)		<input type="checkbox"/> Bulk Fuel Storage Tank(s) – Above Ground	
<input type="checkbox"/> Home Improvement Contractor Permit Number			

SECTION G: INFORMATION ABOUT EMPLOYEE (Employer to Complete & Sign this Section)

8. Name of Company

of Employee to be Licensed

8a. Company FEIN / UI Number (if applicable)

8b. Company Street Address

City State Zip

8c. Telephone No. () e-Mail

9. Employee Information (Non-Residents of the District must complete Section F indicating Resident Agent; see Instructions for more details)

9a. Employee Name (First, MI, and Last).....

9b. Social Security No. 9c. Date of Birth 9d. Place of Birth.....

9e. Employee Description: Height Weight Color of Hair Color of Eyes

9f. Driver License No. State of License Expiration Date

9g. **Company Signatory** Print Name

Title (Owner/Manager): Date Signed

SECTION H: ADDITIONAL INFORMATION

Please provide any additional information about your business activities that you feel is important to this Application. Include any descriptions that may not be covered in Section F above or Table of Endorsement Business Activities

SECTION I: APPLICANT'S SIGNATURE

Please be sure to include all required forms and payment of all required fees (refer to the Instructions Section and Table of License and Endorsement Fees) for calculating your payment. Make check or Money Order payable to the "DC Treasurer".

Send Application, all required forms and payment to: Department of Consumer and Regulatory Affairs ♦ P.O. Box 37296 ♦ Washington, DC 20013-7296

I hereby submit this Application, required forms and payment in the amount of \$..... for consideration of a Basic Business License based on the information contained herein.

Applicant's Signature **Date**.....

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CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance in which the statement could reasonably be expected to be relied upon as true. (D.C. Code §22-2405).

D.C. INSPECTOR GENERAL HOTLINE

If you are aware of corruption, fraud, waste, abuse or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous by law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties or criminal prosecution in appropriate cases.

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code Section 2.1401.01 et seq., ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disabilities, source of income, or place of residence or business. Discrimination in violation of the act will not be tolerated. Violators will be subject to disciplinary action.